

# HARWOOD UNIFIED UNION SCHOOL DISTRICT

## APPLICATION FOR EMPLOYMENT (TEACHER/ADMINISTRATOR)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**This application is in addition to the resume, transcripts, and letters of reference that you submit.**

**(PLEASE PRINT)**

Position(s) Applied for: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_ (last 4 numbers only)

Email address: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ a.m. or p.m.

Have you ever filed an application with us before?  Yes  No  
If yes, give date: \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, give date: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (proof of citizenship is required upon employment)  Yes  No

Date available for work: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full time  Part time  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Do you need any special accommodations to do the work of this job?  Yes  No  
If yes, please specify: \_\_\_\_\_

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Has any disciplinary action been brought against you that resulted in you being discharged from employment?  Yes  No

Have you ever been dismissed from any employment or resigned or retired to avoid any disciplinary action?  Yes  No

Are you facing disciplinary action in your current employment?  Yes  No

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, provide complete description of circumstances, including names of representatives of employer who are familiar with circumstances. You may attach another page if necessary.

Have you ever had a professional credential or license suspended, revoked or denied?  Yes  No  
If yes, provide a complete description of the circumstances, including type of license or credential, reason for & the location and date of suspension, revocation, or denial. You may attach another page if necessary.

**APPLICANT'S STATEMENT**

I certify that the information given herein is accurate and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I agree to cooperate with further background checks, which are prerequisites to employment, by providing fingerprints and releases necessary to obtain any other information, including court and law enforcement records necessary to verify the information provided on the application. I understand that employment offers are made subject to completion of criminal record and background investigations.

I understand that failure to provide complete and accurate background information could result in the removal of my application from consideration for employment, or termination of employment conditioned on the completion of a background investigation.

I further understand that if nondisclosure is discovered and I assert that my failure to provide complete details was not intentional, I will be required to show that my failure to disclose resulted from misunderstanding or inadvertence.

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Signature of Applicant

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Date